

OFFICE OF ATTORNEY GENERAL
BUREAU OF CONSUMER PROTECTION
MAGAZINE SOLICITATION SECTION
14TH FLOOR, STRAWBERRY SQUARE
HARRISBURG, PA 17120
(717) 787-9707

_____ New License
_____ Renewal License

Current License Number
(if this is a Renewal)

**APPLICATION FOR LICENSE
DOOR-TO-DOOR MAGAZINE SOLICITATION**

1. Individual Applicant.

NAME OF APPLICANT

MAILING ADDRESS

CITY COUNTY ZIP

TELEPHONE NUMBER

NAME OF COMPANY FOR WHICH
INDIVIDUAL WILL SOLICIT

COMPANY TELEPHONE NUMBER

COMPANY ADDRESS

CITY STATE ZIP

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR INDIVIDUAL
APPLICANTS:

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

COLOR EYES _____ COLOR HAIR _____ SSN _____

DRIVER LICENSE OR OTHER PHOTO ID (ATTACH COPY TO APPLICATION).

VEHICLE TO BE USED:

MAKE _____ TYPE _____ YEAR _____ COLOR _____
REGISTRATION # _____

YOU MUST ATTACH A COPY OF YOUR CURRENT DRIVER'S LICENSE OR OTHER
PICTURE ID.

2. This Registration Application is made on behalf of the following entity:

BUSINESS OR FICTITIOUS NAME

CORPORATION, PARTNERSHIP OR
INDIVIDUAL OWNER NAME

MAILING ADDRESS

MAILING/HOME ADDRESS

CITY COUNTY ZIP

CITY COUNTY ZIP

() _____
TELEPHONE NUMBER

REGISTERED ADDRESS FOR
SERVICE OF LEGAL DOCUMENTS

LOCATION OF BUSINESS IF
DIFFERENT FROM ABOVE

CITY COUNTY ZIP

3. IF APPLICANT IS A CORPORATION OR A BUSINESS, LIST OR PROVIDE A LIST OF THE NAMES AND ADDRESSES OF ALL OFFICERS AND EMPLOYEES OF APPLICANT.
4. IF APPLICANT IS A CORPORATION OR BUSINESS, LIST NAMES AND ADDRESSES OF ALL OFFICERS AND EMPLOYEES OF ANY FRANCHISE DEALER OF SUCH APPLICANT DOING BUSINESS IN PENNSYLVANIA.
5. PRODUCTS OFFERED (SUPPLY LIST OF MAGAZINES SOLD AND PUBLISHERS, ALONG WITH SAMPLE COPIES OF MARKETING MATERIALS AND RECEIPTS).
6. HAVE YOU OR ANY OF YOUR EMPLOYEES WHO WILL SOLICIT IN PENNSYLVANIA BEEN ARRESTED?

7. IF YES, DESCRIBE (INCLUDING ANY OTHER NAMES YOU MAY HAVE USED IN THE PAST).
8. HAVE YOU OR ANY OF YOUR EMPLOYEES WHO WILL SOLICIT IN PENNSYLVANIA EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? IF YES, GIVE DETAILS INCLUDING NAME OF OFFENSE, DATE, LOCATION AND RESULT OF CONVICTION. USE A SEPARATE PIECE OF PAPER IF NECESSARY.
9. HAVE YOU OR DO YOU INTEND TO APPLY FOR TRANSIENT RETAIL LICENSES FROM LOCAL AUTHORITIES IN PENNSYLVANIA? (IF YES, PROVIDE LOCATION OF PERMITTING AUTHORITY).
10. HAVE YOU EVER HAD A TRANSIENT RETAIL LICENSE DENIED, SUSPENDED OR REVOKED? (IF YES, EXPLAIN AND GIVE LOCATION).
11. HAVE YOU AND/OR YOUR COMPANY REGISTERED WITH THE PENNSYLVANIA DEPARTMENT OF STATE PURSUANT TO THE CORPORATION AND/OR FICTITIOUS NAME ACT? IF YES, PROVIDE A COPY OF REGISTRATION OR BASIS FOR EXEMPTION.
12. DO YOU HAVE A PENNSYLVANIA SALES TAX NUMBER? IF YES, PLEASE PROVIDE A COPY OF THE LICENSE AND/OR THE NUMBER.

13. I HEREBY CERTIFY THAT THE INFORMATION THAT I HAVE SUPPLIED UPON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IT IS A MISDEMEANOR AND I MAY BE SUBJECT TO FINES AND/OR JAILED FOR SUPPLYING FALSE INFORMATION TO THE ATTORNEY GENERAL'S OFFICE, FOR FAILING TO COMPLY WITH THE LAW OR FOR FAILING TO UPDATE INFORMATION AS REQUIRED BY LAW. I FURTHER CERTIFY THAT I AM AWARE OF, AND IN COMPLIANCE WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS CONCERNING MY ACTIVITIES. I HEREBY UNDERSTAND THAT I AM NOT TO BEGIN SELLING UNTIL RECEIPT OF LICENSE FROM THE ATTORNEY GENERAL AND OTHER STATE AND LOCAL AUTHORITIES.

SIGNATURE

Sworn to and subscribed

before me this __ day of

_____, 1997.

NOTARY PUBLIC

**MAKE CHECK OR MONEY ORDER FOR \$100
PAYABLE TO: THE COMMONWEALTH OF PENNSYLVANIA**